

Division of Professional Licensure

Speaker Engagement Request

617-727-3074 ext. 6

Organization Name: _____

Description of Organization: _____
(attach brief description) _____

Topic: _____
(attach brief description) _____

Event: _____

Event Date: _____

Time (start/end): _____

Location: _____

Estimated size of audience: _____

Contact Name: _____

Telephone: _____

Mailing Address: _____

Honorarium: ☐ Yes ☐ No

4 weeks advance notice is required.

Send completed form to:

Division of Professional Licensure
Speakers Bureau
239 Causeway Street
Boston, MA 02114